

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

(916) 323-1263

June 14, 1983



ALL-COUNTY LETTER NO. 83-53

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: REPORTING AFDC-FC RATES


REFERENCE: MPP 11-406.15 (formerly 11-405.15) and 11-225.4

Manual of Policy and Procedures Section 11-406.15 requires counties to submit data on county foster care rates. In previous years counties submitted this information to the Fiscal Policy and Procedures Bureau (pursuant to MPP 11-225.4). Beginning with fiscal year 1983-84, the Foster Care Rates Bureau of the State Department of Social Services will be responsible for setting AFDC-FC rates. The county foster care rate information will be used to establish FY 83-84 rate ceilings for group homes and to accomplish other rate setting requirements mandated by AB 2695 (Chapter 977, Statutes of 1982). Since this information is relevant to the rate setting process, it will be submitted to the Foster Care Rates Bureau. The Fiscal Policy and Procedures Bureau will no longer be requesting this information.

Please submit this information by July 1, 1983 to:

State Department of Social Services
Foster Care Rates Bureau
744 P Street, M.S. 7-172
Sacramento, CA 95814

Forms Temp 1384 and Temp 1385 and instructions have been provided to help you accumulate the data on rates paid by your county. If you have any questions, please call the Foster Care Rates Bureau at (916) 323-1263.


KYLE S. MCKINSEY
Deputy Director

Attachments

AFDC—FC FY 82/83 RATES AND CLOTHING ALLOWANCE INFORMATION

Send completed form to:
Foster Care Rates Bureau
744 P Street, M.S. 7-172
Sacramento, CA 95814

Pursuant to Department of Social Services MPP Section 11-406.15 (formerly 11-405.15)

COUNTY		DATE		COUNTY CONTACT		TELEPHONE NUMBER	
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PART A	AGE GROUP	MONTHLY RATE FY 82/83		MONTHLY RATE REIMBURSABLE FROM STATE FUNDS	NUMBER OF CHILDREN
FAMILY HOME BASIC RATES (IN—COUNTY)					

PART B	AGENCY NAME	HOST COUNTY NUMBER	MONTHLY RATE FY 82/83	MONTHLY RATE REIMBURSABLE FROM STATE FUNDS	NUMBER OF CHILDREN
HOME— FINDING AGENCY RATES					

PART C	AGE GROUP	FAMILY HOMES			GROUP HOMES	
		INITIAL \$ AMOUNT	ANNUAL \$ AMOUNT	AMOUNT INCLUDED IN MONTHLY RATE	INITIAL \$ AMOUNT	ANNUAL \$ AMOUNT
CLOTHING ALLOWANCE						

AFDC-FC RATES FY 82/83

GROUP HOMES

Send completed form to:
Foster Care Rates Bureau
744 P Street, M.S. 7-172
Sacramento, California 95814

Pursuant to Department of Social Services MPP Section 11-406.15 (formerly 11-405.15)

[illegible]

Instructions for the Temp 1384

This form will be used to obtain information regarding family home rates and homefinding agency rates paid during fiscal year 1982-83 and information on the county clothing allowance for AFDC-FC children placed in family homes or group homes.

Complete informational section for county name, date form completed, name of person who is county contact for rate information and that person's telephone number.

Part A: Family Home Basic Rates

1. Age Group - specify your county's divisions for age groups, (e.g., 0-6, 7-12, 13-20).
2. Monthly Rate FY 82-83 - enter rate effective July 1, 1982.
3. Monthly Rate Reimbursable from State Funds - complete this column if the monthly rate which county paid for the 1982-83 fiscal year is greater than the amount in which the State would participate per MPP 11-302.1.
4. Number of Children - indicate the number of AFDC-FC children in each of your county's age group categories for the month of May 1983.

Part B: Homefinding Agency Rates

1. Agency Name - identify the names of homefinding agencies which your county uses and/or for which your county has set a rate.
2. Host County Number - enter the county number of the county in which the agency is located.
3. Monthly Rate FY 82-83 - enter the rate effective July 1, 1982.
4. Monthly Rate Reimbursable from State Funds - complete this column if the monthly rate which county paid for the 1982-83 fiscal year is greater than the amount in which the State would participate per MPP 11-302.1.
5. Number of Children - indicate the number of AFDC-FC children placed with these agencies for the month of May 1983.

Part C: Clothing Allowance

1. Age Group - indicate clothing allowance by age group categories.
2. Family Homes:
 - a. Initial Dollar Amount - specify the amount your county paid for clothing that was not included in the rate when a child was placed in a foster family home.
 - b. Annual Dollar Amount - specify the amount paid for clothing each year for a child that was not included in the rate.

- c. Amount included in Monthly Rate - identify amount per child which was designated for clothing when county calculated basic rate(s). If you are unable to break out this amount, enter "can't identify".

3. Group Homes:

- a. Initial Dollar Amount - specify the amount your county paid for clothing that was not included in the rate when a child was placed in a group home.
- b. Annual Dollar Amount - specify the amount paid for clothing each year for a child that was not included in the rate.

4. Homefinding Agencies (HFA):

If your county paid a clothing allowance for a child placed in a HFA, specify the amounts on a separate sheet of paper.

Instructions for the Temp 1385

This form will be used to obtain information regarding group home rates paid during fiscal year 1982-83.

Complete informational section for county name, date form completed, name of person who is county contact for rate information and that person's telephone number.

1. Group Home Name - identify names of all group homes used by your county and/or for whom your county sets rates.
2. Group Home Director - identify name of director for each home.
3. Host County Number - enter code numbers to indicate where facilities are located.
4. Profit/Nonprofit - indicate status with "P" or "N" for each group home.
5. Monthly Rate 82-83 FY - report the rate effective July 1, 1982. In cases for which the rate has changed since July 1, 1982 use another line in the column and provide this information:
 - a. Subsequent rate.
 - b. Date rate change was effective.
6. Monthly Rate Reimbursable from State Funds - complete if the monthly rate which the county paid for the 1982-83 fiscal year is greater than the amount in which the state would participate per MPP 11-302.1.
7. Identify each group home that qualified as a new provider (MPP 11-301.2) during the period following July 1, 1982 with an asterisk.

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 445-7046



June 9, 1983

ALL-COUNTY LETTER NO. 83- 52

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS

SUBJECT: SUBMISSION OF AFDC-FOSTER CARE FACILITY EXPENDITURE STATEMENTS


REFERENCE: ALL-COUNTY LETTER NO. 83-05

All-County Letter No. 83-05 of January 28, 1983, granted a time extension until March 1983 for counties to submit Foster Care Facility Expenditure Statements (FESS) retroactive to October 1982.

Some counties have not yet submitted retroactive FESS for all of the facilities they have used which require completion of the FES. It is necessary that all FESS be submitted with the June 1983 Foster Care claims which are due to the State Department of Social Services (SDSS) on July 13, 1983. Those counties that are unable to meet this deadline because of inability to obtain the information (from either the host county or the facility) must submit amended June 1983 claims as soon as the data is obtained. All such amended claims for June 1983 must be submitted to SDSS by October 31, 1983.

This requirement is necessary to ensure that all federal and state unallowable costs and social worker activity costs are identified to the proper fiscal year.

If you have any questions regarding the submission of these Statements, please call Willa Wallen at (916) 323-0267 or ATSS (8) 473-0267.


JAMES H. GOMEZ
Deputy Director
Administration